

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/12/2013
FORM APPROVED
OMB NO. 0938-0391

1331

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505399	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/06/2013
NAME OF PROVIDER OR SUPPLIER VASHON COMMUNITY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 15333 VASHON HIGHWAY SOUTHWEST VASHON, WA 98070		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Vashon Community Care Center on 09/6/2013. The resident sample of ten was based on a census of 29.</p> <p>The following complaint was investigated during this survey:</p> <p>#2847530</p> <p>The survey was conducted by:</p> <p>██████████ MSN, BSN Complaint Investigator ██████████ MSN, BSN Quality Assurance Nurse</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging & Long-Term Support Administration Division of Residential Care Services, District 2, Unit F 20425 72nd Avenue South, Suite 400 Kent, WA 98032-2388</p> <p>Telephone: (252) 234-6048 Facsimile: (253) 395-5070</p> <p><i>Mike Ambesse</i> 09/12/13 Signature Date</p>	F 000			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

MSU

TITLE

Administrator

(X6) DATE

9/26/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure adequate supervision was provided to prevent accidents for one of two residents (#1 and #2), reviewed for falls. In addition the facility failed to determine if alternating pressure mattresses were safe for two of two residents (#1 and #2), reviewed for use of alternating air mattresses. These failures contributed to Resident #1's fall from bed, resulting in a hip fracture and placed Resident #2 at risk for injury. The facility also failed to update six (#1, 3, 4, 5, 6, & 7) of ten resident's care plans to accurately reflect the number of staff required to safely transfer residents. This failure placed residents at risk for injury when transferred by less than the required number of staff.</p> <p>Findings include: Resident #1 was observed lying in bed on an full-length alternating pressures mattress, not an overlay mattress on 09/06/13 at 6:15 a.m. The resident offered no verbal response when interviewed. Staff D, interviewed on 09/06/13 at 6:15 a.m. indicated the resident was on bedrest</p>	F 323	<p>F 323</p> <p>1) How the nursing home will correct the deficiency as it relates to the resident:</p> <ul style="list-style-type: none"> Resident #1 Care Plan reviewed and updated requiring 2 person for transfer using Hoyer lift and proper positioning while in bed. Resident #1 will be reassessed when appropriate for an overlay mattress which poses less risk with deflation at the edge of the bed - according to manufacturer. Residents #1 and #2 will have an air pressure mattress safety/risk assessment and care plans will be updated appropriately. <p>2) How the nursing home will act to protect residents in similar situations:</p> <ul style="list-style-type: none"> The facility will identify and conduct a safety/risk assessment for all residents with air pressure mattresses to include safety, placement, positioning, and functionality. The facility will ensure that all clinical staff have been trained on proper use and functionality of air mattresses in use, their monitoring and the process to be followed for reporting malfunctions. 	

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F 323	<p>Continued From page 2 following a fall that resulted in a fracture.</p> <p>According to the facility's evidence of investigation Staff C, a Certified Nursing Assistant, transferred Resident #1 from the wheelchair to the bed which was in the high position and was affixed with an alternating pressure mattress, using a mechanical lift. According to Staff B, the Director of Nursing, interviewed on 09/06/13 at 7:24 a.m., the resident was placed on her left side mid-bed. After the resident was lowered to the bed Staff C began to remove the mechanical lift. At the same time the alternating pressure mattress facilitated the resident's precipitous movement to the right side of the bed propelling the resident out of the bed and towards the floor and mechanical lift. As Resident #1 fell to the floor, Staff C grabbed the resident's legs to stop the resident from falling to the floor but the resident's head hit the mechanical lift frame and the Resident #1's hip was fractured despite this intervention.</p> <p>Resident #1's 07/25/13 and 05/3/13 Minimum Data Sets indicated the resident required two person assistance for transferring. Review of the resident's 04/16/2013 Care Plan revealed staff were instructed to, "Transfers: Hoyer, 1-2 person total assist." Review of the 07/25/13 and 05/03/13 Care Area Assessments revealed staff did not describe the reasons they decided only one staff would be required to transfer Resident #1. When asked about this discrepancy, the Director of Nursing (DNS), Staff B, said in an interview on 9/6/13 at 8:20 a.m. "We made a mistake, it (the resident required two person assistance for transfers) did not get in the care plan."</p>	F 323	<ul style="list-style-type: none"> The facility will review and update all care plans where appropriate to be consistent with policy and include 2 persons for assist with use of Hoyer lift for transfer. <p>3) Measures the nursing home will take or systems it will alter to ensure that the problem does not recur:</p> <ul style="list-style-type: none"> Charge nurses will provide education and remind staff of the facility policy of 2 person for assist with use of Hoyer lift. The nursing home will revise its policy regarding the use of alternating air pressure mattresses to include the requirement for a safety/risk assessment The air mattress operational guide will be used to train direct care staff in the use and monitoring of the full thickness alternating air pressure mattresses. <p>4) How the nursing home plans to monitor its performance to make sure that solutions are sustained:</p> <ul style="list-style-type: none"> Charge nurses and DNS will monitor staff for compliance with facility policy/practices MDS nurses will audit transfer data from Caretraker to ensure that 2 person assist is occurring with 	

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F 323	<p>Continued From page 3</p> <p>A copy of the facility's policy or procedure for resident transfer using the mechanical lift was requested but no document was provided. In an interview on 09/06/13 at 6:15 a.m. Staff D said two staff would be required for any resident transferred with a mechanical. At 6:20 a.m. on 09/06/13 Staff E and F confirmed this facility practice. The DNS interviewed on 09/06/13 at 7:24 a.m. also indicated since Resident #1's fall two staff would be required to transfer any resident using the mechanical lift.</p> <p>On 09/06/13, seven weeks after Resident #1's fall the care plans of Residents #1, 3, 4, 5, 6 and 7 were reviewed. Staff were still instructed to use one person staff assistance or one to two person staff assistance for transfers requiring the use of the mechanical lift. On 09/06/13 the facility supplemented direct-care staff with an agency Certified Nursing Assistant Staff H, a person less familiar with the facility's new procedures related to mechanical lift transfers, and at high risk for following care plans that were no longer accurate.</p> <p>Review of the clinical records revealed the facility did not determine if the alternating pressure mattresses were safe before implementing them in the care of Resident #1 and Resident #2. When asked if the facility assessed air mattresses for safety the DNS replied, on 09/06/13 at 7:24 a.m. "No we don't do air mattress assessment (for safety)." The DNS added that direct-care staff reported, after Resident #1's fall, the alternating pressure mattress was not functioning properly.</p> <p>Had the facility developed a care plan that was based on the MDS, assessed Resident #1's safe use of the alternating air mattress and if</p>	F 323	<p>Hoyer transfers and provide results to DNS for review and follow-up</p> <ul style="list-style-type: none"> Falls and falls involving residents with air mattresses will be reviewed in the quality assurance meeting to determine root cause and compliance with policy/safety practices Audit results will be reviewed by Quality Committee and if appropriate, action plans to address findings <p>5) Dates when corrective action will be completed: October 07, 2013</p> <p>6) The title of the person responsible to ensure correction: ██████████, RN, MN Director of Clinical Services</p>	10/07/13
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F 323	Continued From page 4 direct-care staff had alerted administrative staff to the ill functioning alternating pressure mattress the resident would have been spared the fall and substantial injury requiring a hospital visit. The facility's continued use of out dated care plans put all residents requiring the use of a mechanical lift at risk for injury.	F 323		

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